



PTO/SB/31 (02-01)

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**NOTICE OF APPEAL FROM THE EXAMINER TO THE
BOARD OF PATENT APPEALS AND INTERFERENCES**Docket Number (Optional)
678-362 (P8931)I hereby certify that this correspondence is being deposited with
the United States Postal Service with sufficient postage as first
class mail in an envelope addressed to "Assistant
Commissioner for Patents, Washington D.C. 20231"
on April 23, 2003In re Application of
KIM, et al.Application Number
09/405,328Filed
September 24, 1999

Signature _____

Typed or printed
name Lisa BarrettaFor APPARATUS AND METHOD OF SERCHING FOR
PN SEQUENCE PHASE IN MULTI-CARRIER CDMA
MOBILE COMMUNICATION SYSTEMGroup Art Unit
2684Examiner
L. LEApplicant hereby **appeals** to the Board of Patent Appeals and Interferences from the last decision of the
examiner.

The fee for this Notice of Appeal is (37 CFR 1.17(b))

\$ 320.00☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee
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Deposit Account. I have enclosed a duplicate copy of this sheet.☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit
any overpayment to Deposit Account No. 04-1121: I have enclosed a duplicate
copy of this sheet.☒ A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.**WARNING: Information on this form may become public. Credit card information should not
be included on this form. Provide credit card information and authorization on PTO-2038.**

I am the

- ☐
- applicant/inventor.
-
- ☐
- assignee of record of the entire interest.
-
- See 37 CFR 3.71. Statement under 37 CFR 3.73(b)
-
- is enclosed. (Form PTO/SB/96)

☒ attorney or agent of record.☐ attorney or agent acting under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a) _____
SignaturePeter G. Dilworth Reg. No. 26,450

Typed or printed name

4/23/2003

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit
multiple forms if more than one signature is required, see below*.☐ *Total of _____ forms are submitted.Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on
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